Fifth Meeting
Strategic and Technical Advisory Group for Tuberculosis
(STAG-TB)
World Health Organization
20-22 June 2005

MEETING REPORT AND RECOMMENDATIONS

From 20-22 June 2005, the Strategic and Technical Advisory Group for TB Control (STAG-TB), as appointed by the Director-General of the World Health Organization, met at WHO Headquarters for its fifth meeting to guide WHO’s Tuberculosis Area of Work.

The agenda is attached as is the list of participants (will be attached with final version). The STAG-TB has 18 members, two of whom were new in 2005: Professor Sir Andrew Haines and Dr. Xie Xue Wang. In addition, the participants included: 6 chairs and/or representatives of Stop TB Partnership Working Groups (on DOTS Expansion, TB/HIV, DOTS-Plus, New Drugs, New Diagnostics, and Advocacy, Communications and Social Mobilization); chairs of 2 regional Technical Advisory Groups (TAGs) for TB control, including the European Region and Western Pacific Region, (note: the TAG for the South-East Asia Region is chaired by a Member of STAG).

Observers included representatives of the US Centers for Disease Control; the Global Fund to Fight AIDS, TB and Malaria; U.S. Agency for International Development; and, UNAIDS. Participants from WHO included staff of the Stop TB Department (STB/HTM); the HIV/AIDS Department (HIV/HTM); the Strategic Planning and Innovation Department (SPI/HTM); Office of the Assistant Director-General, HIV/AIDS, TB and Malaria Cluster (HTM); the Special Programme on Tropical Disease Research (CDS/TDR); and from the Evidence and Information for Policy (EIP) Cluster.

Dr. R. Tapia-Conyer was elected Chair for the STAG-TB meeting. Ms. D. Weil (STB) and Dr. H. Sawert (STB on special assignment to the World Bank) served as Rapporteurs. Dr. Tapia-Conyer presented an oral summary of the recommendations to the Director-General immediately following the meeting.

General objectives of the STAG-TB:

- To provide to the Director-General independent evaluation of the strategic, scientific and technical aspects of WHO’s Tuberculosis Area of Work;
- To review progress and challenges in WHO’s pursuit of its TB-related core functions:
  - Policies, strategies and standards
  - Collaboration and support of countries’ efforts
  - Epidemiological surveillance, monitoring, evaluation and operational research
  - Support to partnerships, advocacy and communications;
- To review and make recommendations on committees, working groups etc.
- To advise on priorities between possible areas of WHO activities.
Specific objectives of the Fifth STAG-TB meeting:

To review and make recommendations on:

1. A proposed Global Strategy to Stop TB;
2. WHO's contribution to the development of the Global Plan to Stop TB, 2006-2015, its methods for modelling and costing, and planning for implementation;
3. WHO's Stop TB Department overall structure, strategic direction and resource mobilization;
4. Proposed International Standards of TB Care and plans for endorsement and dissemination;
5. Strategic global response to TB and TB/HIV challenges in Africa and WHO's role;
6. STAG relationship with regional Technical Advisory Groups to ensure advice for regional action, response in key countries and advice to address common global concerns;
7. The strategic plan for DOTS-Plus and the Green Light Committee and WHO's role in supporting these;
8. WHO and national efforts to measure impact of TB control efforts;
9. WHO action to build linkages across overall health system strengthening efforts and TB control;
10. WHO efforts with the Stop TB Partnership to increase community involvement, patient empowerment and social mobilization for TB control.

Note: hereafter STAG-TB referred to as "STAG"

1. Progress towards 2005 and 2015 TB targets

- STAG commends WHO for its recent 2005 report and related articles that describe and analyse current progress and prospects to reach the Millennium Development Goals (MDGs).
- STAG recommends further WHO epidemiological analysis, including the following actions (also see section 8 on impact measurement):
  a. Measure what part of observed TB incidence decrease is program-related or due to other factors (e.g., socio-economic);
  b. Discuss with the Vietnamese National TB Programme efforts to explore why incidence is no declining despite achievement of 2005 targets;
  c. Specify detailed reasons for not reaching case detection targets in some areas (e.g., Eastern Europe);
  d. Define procedure for certifying which countries have met targets.

2. WHO-recommended Global Strategy to Stop TB

- Taking into consideration the below points, STAG endorses the proposed new strategy and the process for further review, endorsement, finalization and publication.
  a. Clarify relationship between the recommended strategy and the Stop TB Global Plan;
  b. Clarify that strategy is built on MDGs and that these goals are endorsed as Stop TB goals;
  c. Ensure strategy provides broad basis for collaboration with other programs targeting health system issues (go beyond purely 'TB-related issues');
  d. Include examples of how DOTS can strengthen health systems;
  e. Include components that go beyond health sector, addressing broad social development issues;
  f. Limit the list and make more concise the phrasing of the strategy components to facilitate communication.
Concerns about specific components

a. Revise the messages on financing to make clear that resources must be expanded, not just sustained, and that the range of sources of finances should be increased;
b. Enlarge the drug procurement component to cover all drug management issues.

3. Global Plan to Stop TB

- STAG endorses the general framework for the plan and recommends further development and finalization according to the presented schedule. The plan must be both an advocacy document and provide practical support for country implementation.
- STAG endorses the overall processes adopted by WHO in pursuing modeling, costing and impact estimations.
- STAG looks forward to future discussions on WHO's role in the implementation of the plan.
- STAG proposes that WHO take forward the following specific recommendations in its further contributions to the development of the plan, and asks that WHO present these concerns and recommendations to the Stop TB Partnership Steering Committee overseeing the Plan's preparation.

Overall plan framework

a. Clarify key messages of the plan in the final document;
b. Clarify that the MDGs will not be met for Africa with currently available TB interventions alone and, therefore, develop and include 'better than realistic optimistic' scenarios (e.g., for reaching MDGs in Africa);
c. Offer text that specifies the role of WHO in implementation of the plan, beyond its role as Secretariat of three implementation working groups;
d. Strengthen the sections on the role of new tools in the implementation plans, as reaching the MDGs in Africa will require these;
e. Stress the important role of technical assistance, although funding requirements are relatively minor;
f. Ensure that the global plan is linked to planning activities in regions and countries;
g. Each Working Group should specify a component-specific research agenda to be included in each section of the plan.

Financial requirements

a. Clarify why the cost component for TB/HIV inventions for Africa is relatively low;
b. Include estimation of sufficient funding to strengthen research capacity, for new drugs, diagnostics and vaccines as well as operational research to improve implementation;
c. Consider scenarios in which government funding increases, not just stays stable;
d. Include cost assessments for 'better-than-realistic-optimistic' scenarios (e.g., for reaching the MDGs in Africa);
e. Ensure that calculations of funding gaps account for available funding under HIV/AIDS programs;
f. Address concerns about 'absorption capacity';
g. Ensure messages on funding requirements are standardized and consistent.

Impact assessments

a. Continue modeling of the impact of new drugs, diagnostics and vaccines and include results in the final version of the plan;
b. Include, in the impact assessment, a description of economic benefits of TB control interventions (for Africa and globally).
4. Stop TB Department Strategy, Structure and Finances

- STAG recommends full funding of the budget for the Tuberculosis Area of Work, and urges WHO to increase its regular budget allocation for this Area of Work.
- STAG recommends that the Stop TB Department budget should reflect the priority role for tuberculosis control identified by the World Health Assembly and WHO’s role in enabling countries to reach the Millennium Development Goals.

Further actions

a. The Stop TB Department should share with STAG members and other partners a brief on its budget gap for unspecified financing and priorities for use;
b. Stop TB Partners should be mobilized to request that WHO increase budget allocations for STB and partners should assist in mobilizing external resources to meet WHO's TB control budget.

5. International Standards of TB Care

- STAG endorses the plan to complete and publish the International Standards of TB Care with the following actions to be taken for final STAG review and endorsement of individual Standards:

a. The Standards were reviewed and amended by a STAG sub-group (names to be included in an annex) and this draft was distributed to STAG-TB Members at the end of the STAG-TB meeting;
b. All STAG-TB members are requested to submit any further comments by 15 July.
c. The team preparing the Standards will review and respond to the comments in making further revisions and will circulate a final version and inform STAG-TB members on next steps in seeking endorsement of the Standards by additional constituencies (e.g., medical associations, pulmonary associations etc.)

6. Action on TB and TB/HIV in Africa

- STAG acknowledges the collaboration and strong commitment of WHO/AFRO and WHO/EMRO, the Stop TB Department and the HIV/AIDS Department to address the challenges in Africa.
- STAG recommends the following actions by WHO to increase the effectiveness of its actions on this important focus of work given the worsening epidemic in Africa:

WHO's role, as a whole, in helping African countries respond to the Africa health workforce crisis:

a. STAG notes that Departments and all levels of WHO must play a central role in resolving this crisis and its effects on TB control, and recommends that WHO:

b. Engage with multiple partners, within and beyond the health sector, in contributing to the response to the workforce crisis - a key to improving health outcomes;
c. Account for limits in existing staff capacity in pursuing policies and plans for decentralized management in TB and TB/HIV;
d. Consider the role for contracting out of specific services to cope with workforce crisis;
e. Develop alternative training methods (e.g., distance learning) to minimize staff absence from the workplace;
f. Develop specific interventions to address 'brain drain' among staff, e.g., salary increases or incentives.

**Partnerships:**

- STAG recommends that WHO should work with other Stop TB Partners and beyond to:

  a. Because collaboration between TB and HIV programs is essential for effective response to needs of communities, support common approaches, whenever possible (guidelines, training/supervision activities, advocacy etc.);
  b. Advance national and regional Stop TB partnerships which build on strong NTPs or strengthen them, and should not weaken or replace them;
  c. Ensure collaboration with the range of partners addressing health system strengthening.

**The 'Roadmap' for TB Control in Africa (2006-2007):**

- STAG endorses the 'roadmap' and related WHO actions to take it forward, with the following recommendations taken into account:

  a. Consider alternative title for 'roadmap';
  b. Clarify link between the two-year 'roadmap' and the 2015 MDGs;
  c. While pursuing this plan, research should be done on the reasons for differences in performance in countries, as well as lessons learnt from best performers;
  d. Strengthen capacity and coordination to pursue this research.

**Use of rifampicin:**

- STAG recommends that the use of rifampicin in standard regimens should be based on the 2004 revised WHO treatment guidelines (footnote language from guidelines in final version).

**7. Regional response**

- STAG acknowledges the role of regional WHO technical advisory groups (TAGs), where they exist, and notes the following recommendations for WHO across regions in response to regional reports:

  a. Support the development of Stop TB partnerships at regional and country levels, and the role of regional partnerships in fundraising for TB control should be strengthened;
  b. Intensify efforts to help develop and strengthen lab networks, including the capacity to provide culture examination and link this with drug susceptibility testing (DST);
  c. Continue the strong and timely work to revise recording/reporting systems to include information on TB/HIV and treatment of multidrug resistant TB; a minimum set of required indicators for these areas needs to be defined;
  d. Promote the inclusion and sharing of financial information for TB control programs via 'sub-accounts' of National Health Accounts;
  e. Increase efforts to develop the areas of social mobilization and the creation of networks between multiple care providers.
8. Advancing and sustaining DOTS-Plus and the Green Light Committee

- STAG endorses the plan for further expansion of DOTS-Plus activities and support to the Green Light Committee, and recognizes that new resources now available should expedite action.
- STAG notes that further expansion could be feasible with even more active promotion and publications on the risks of transmission of drug resistant strains, the worsening situation in some countries and the recent effectiveness of support for scaled up response.
- STAG acknowledges the key importance of rapidly strengthening and expanding laboratory networks, providing culture and DST facilities as a precondition for expanding DOTS-Plus activities. This should include detailed plans for the development of culture and DST capacities with targets and timelines, as well as plans for assessment of the broader use of rapid culture technologies (building on actions already initiated).

Further measures to enhance effectiveness:

a. Publish reports on documented cohort treatment results in all DOTS-Plus projects;
b. Discuss high levels of MDR-TB in some countries with the respective governments in order to increase urgency of response and potentially restrict sale of 2^nd line drugs;
c. Strengthen collective efforts to fully analyse current costs and to reduce costs of MDR treatment; ultimately, NTPs should be able to finance DOTS-Plus activities from local resources to ensure long-term sustainability;
d. Promote and facilitate work on new tools to improve ease of DST testing.

9. Measuring DOTS impact

- STAG acknowledges the progress made in initiating measurement of impact in some important countries and defining means to organize and prioritize future efforts.
- STAG notes that the assessment of MDG targets requires the rapid development of effective monitoring systems for TB prevalence and mortality data.
- For this purpose, WHO should convene a coalition of relevant technical partners, supported by the Stop TB Partnership, and this coalition should aim to:
  a. Define the specific methods to be used for the regular monitoring of incidence, prevalence and mortality data;
  b. Define priority countries in which population-based surveys should be carried out, in addition to routine surveillance;
  c. Develop a framework for technical assistance to ensure timely data collection (TB-specific or nested in broader initiatives);
  d. Mobilize financial resources (via the StopTB Partnership or other mechanisms);
  e. Promote the development of the required human capacity and technology in target countries.

Further measures to enhance effectiveness:

a. Describe the methodology for the definition of the 1990 baseline for the MDGs;
b. Build links with existing systems or new surveillance networks beyond TB (including Health Metrics, vital registration systems);
c. Explore the use of electronic networks for the monitoring of treatment results;
d. Explore the use of laboratory data to supplement NTP data to ensure reporting completeness;
e. Re-evaluate existing estimates for underlying incidence for some countries, as over- or under-estimates appear to exist;
f. Promote further work on methodologies to assess when notification is of sufficient quality to represent incidence.

10. Health Systems Strengthening and advancing TB control

- STAG acknowledges the significance of health system strengthening to overall prospects to meet the MDGs related to TB control and other health areas.
- STAG endorses WHO actions to improve health systems and the collaboration across HTM, EIP and other internal and external partners with this aim.
- STAG supports ongoing efforts to improve the scale up and quality of public-private collaboration in service delivery and in a range of approaches to improve the capacity and competence of human resources in TB control.

Measures to enhance effectiveness:

a. Create a task-force on TB control and health system strengthening to help define a prioritized agenda to document and further expand the synergies between health system strengthening and TB control efforts;
   - The task force could include some members of STAG, Stop TB Department and Evidence and Information for Policy Cluster (EIP) staff, representatives of the Stop TB Partnership implementation working groups and/or Board;
   - The Stop TB Department should draft Terms of Reference and proposed participant list for this task force and seek STAG endorsement for this.

b. Examine further changes needed across health systems beyond delivery frameworks and capacity-building (e.g. bottlenecks in management, institutional relations and incentives, financing frameworks, policy reforms that have been supportive of TB control etc.);

c. Increase "policy scanning" of new health system reforms and initiatives to ensure that opportunities are sought and potential challenges are addressed early;

d. Further define what can be done: (a) from within the TB community; (b) in collaboration with others, and (c) what is beyond the scope of this community.

11. Community involvement, patient engagement and social mobilization

- STAG recognizes the importance and complexity of these objectives in TB control and acknowledges WHO and the Stop TB Partnership's efforts to move well beyond the medical model, and to serve as a catalyst and enabler of actions to be taken forward by communities and activists.

- Taking into account the points below, STAG endorses the: (a) WHO's approach to guide and support national efforts to build ownership for, and scale-up of, community-based approaches to TB and TB/HIV care; and (b) The Stop TB Partnership Secretariat’s actions to expand regional and national capacity for communication and social mobilization activities; and, (c) Collaboration across these efforts and engagement of other partners in the Advocacy, Communications and Social Mobilization Working Group of the Partnership.
Measures to enhance effectiveness:

a. Seek to include a patient as a Member of STAG to increase STAG's capacity and advise in these areas;
b. Increase awareness, commitment and active contribution of National TB Program Managers and staff in these fields, and diminish resistance to community and patient engagement;
c. Pursue approaches that build and sustain ownership by communities and patients and prioritize early sharing of operational experiences, while recognizing that this will take time;
d. Increase clear messaging for general audiences (e.g., "a TB-free world" and "TB treatment access for all", vs. complex targets);
e. Use the groups and resources potentially available through the new Advocacy, Communication and Social Mobilization Working Group of the Partnership, contribute further to the development of the social mobilization elements of the Working Group's 2006-2015 work plan, and define specific roles for WHO and the Stop TB Partnership Secretariat;
f. Avoid "top-down" approaches and increase opportunities for sharing of best practices and lessons learned from existing efforts involving patients and/or communities;
g. Seek opportunities for collaboration with those already pursuing community-based and client-engaged models in other public health fields;
h. Ensure linkages between this work and TB strategy development related to health system strengthening.

12. Strengthening Support to Global Fund Applicants and Recipients

- STAG recognizes the success of WHO and partners efforts to meet the demand of countries for Round 5 proposal development.
- STAG notes the gains made already by the Stop TB Partnership and WHO in mapping technical assistance partners and coordinating effective technical assistance to countries.
- STAG acknowledges that the Stop TB Partnership has adopted the "Three One's" concept since 2001, with evidence of application at country level.

Measures to Increase Effective Support to Global Fund applicants and recipients:

a. Continue to assist countries and coordinate with other partners in assessing technical assistance needs, as Global Fund resources are unlocking significant potential sources for TA at country level;
b. Collaborate with partners in assessing and articulating comparative advantages of technical assistance partners in serving country counterparts, while broadening the number of partners engaged to efficiently meet country demands;
c. Review whether recent Global Fund proposals have been bold enough in responding to the lab strengthening needs of countries and how funds are being used in previous rounds of assistance;
d. Enhance collaboration across Stop TB and HIV/AIDS Departments in supporting countries in integrating TB/HIV efforts in proposals.

13. Priority Themes for Consideration at STAG-TB Meeting 2006

- STAG Members recommend that the following themes be considered for in-depth review and discussion (NOTE: there was no prioritization done among these themes by STAG Members, although several of the top listed themes were mentioned by more than one STAG Member):
a. **Laboratory strengthening** - Progress in pursuing a strategy for laboratory network strengthening and expanding access to diagnostic tools;

b. **Action in Africa** - Progress on the 'roadmap' for 2006-2007; presentation of analysis on national success stories and best practices in TB control in the region, as well as characteristics of weaker-performing areas;

c. **Patient engagement, community mobilization and demand-generation** - Best practices at country level, and progress in advancing support and scale-up of approaches;

d. **TB/HIV** - progress in implementing policies, and best practices in coordination across programs and across partner agencies;

e. **Global Fund** - update on support to applicants and recipients, including presentation of country examples where technical assistance coordination and provision has been most effective;

f. A coordinated **research agenda** - in line with the WHO-recommended Global Strategy to Stop TB and including operational research as well as advancement of research and development efforts - this might focus on and/or include a presentation by new tools working groups on advances in their field;

g. **Health system strengthening** - progress in pursuing linked efforts on the workforce crisis, impact of human resources capacity-building efforts, and other issues within larger health system strengthening agenda at global, regional or country level;

h. **Program monitoring** - how to overcome health system constraints and effectively improve management, use of technology and linkages with other programs to advance monitoring and impact assessment - including presentation of the case of India and other countries;

i. **Case detection** - which approaches are proving most effective at improving case detection, especially among hard-to-reach populations;

j. **Gender and TB** - is the TB community worldwide and WHO addressing these linkages sufficiently?